



Montgomery County Office of Consumer Protection

100 Maryland Avenue, Suite 330

Rockville, Maryland 20850

OCP.Licensing@montgomerycountymd.gov

www.montgomerycountymd.gov/consumer

T: 240.777.3636



APPLICANT INFORMATION: (Partnerships must submit a [partnership addendum](#).)

Current License No. _____

☐ NEW ☐ RENEWAL

Name:

Salutation First Name MI Last Name

Home Address:

Street Address

City State

Zipcode

Home Phone:

E-mail Address:

Drivers License:

License Number

Issuing State

BACKGROUND INFORMATION:

In the past seven (7) years, have you been convicted of a felony or any misdemeanor involving theft? ☐ Yes ☐ No If yes, state the nature of the offense below:

Please indicate the locality where the conviction occurred and the date:

Please specify the penalty or punishment:

Has a license issued to you as a secondhand personal property dealer or pawnbroker ever been suspended or revoked in this or any other jurisdiction? ☐ Yes ☐ No If yes, please explain below.

Secondhand Personal Property Dealers Application

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BUSINESS INFORMATION:

Federal Tax ID: _____

Business Name: _____

Business Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

Trade Name: _____ **REQUIRED**

Business Location: _____

Street Address _____

City State _____ Zipcode _____

Business Phone: _____

Name and address of owner/leasing agent of premises from which your business will be conducted:

List the name of all partners in your business: (Partnerships must submit a partnership addendum.)

AGREEMENT:

I hereby authorize the Montgomery County Department of Police or any other police department with jurisdiction, to inspect the books, records, inventory and premises of the business during normal business hours, as authorized by regulation.

I agree to pay for the purchase of secondhand personal property by check, as required by regulation.

I hereby certify that I am aware of the conditions, requirements, and penalties set forth in [Chapter 44A of the Montgomery County Code](#).

I do so lemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct.

Signature of Applicant

Date